

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Highwinds Wholesale Group, Inc

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 111 E Fairbanks Avenue, Ste 100, Winter Park, FL 32789

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Gabe Miller

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
111 E Fairbanks Avenue, Ste 100, Winter Park, FL 32789

Telephone Number of Designated Agent: 407-249-2221

Facsimile Number of Designated Agent: 407-647-0392

Email Address of Designated Agent: gabe.miller@highwinds-software.com

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 9/29/05

Typed or Printed Name and Title: R. Gabe Miller, CFO

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

SCANNED 10 / 10 / 05

RECEIVED

OCT 11 2005

COPYRIGHT OFFICE

147523189



147523189